

The United Kingdom and the Pandemic: Problems of Central Control and Coordination

Abstract

The UK Covid-19 policy response illustrates the problems arising where (1) a central government faces few countervailing pressures as in Westminster systems; (2) the design of intergovernmental relations mechanisms of coordination and conflict resolution fails to cope with the realities of asymmetric devolution; and (3) local government faces serious collective action problems in relation to a dominant central government. Firstly, the UK policy response shows how government ministers, given the absence of effective checks and balances, enjoy extensive powers over health services and the unchecked capacity to initiate major reorganisations. Secondly, the central policy response fuelled nationalism in Scotland and Wales, already under post-Brexit strains, but had less impact on Northern Ireland, and presented a political opportunity for English city-region mayors. Thirdly, the central response illustrates the UK central government's continued search for greater control of central-local service delivery through financial controls and outsourcing services to circumvent local authorities.

Introduction

The UK has among the worst outcomes across the developed nations for Covid-19 deaths, cases and economic costs (Giles 2020). Public disapproval of the UK government's handling of the crisis at the end of 2020 was the highest of 14 major countries, including the US (Pew 2020). Although the furlough and business support schemes (administered by Her Majesty's Revenue and Customs) and the UK vaccination programme (the Oxford University/AstraZeneca vaccine development with NHS delivery) are notable successes.

Serious questions must arise over the UK government's performance including over delayed lockdowns and restrictions, a late then failing test, track and trace system and the neglect of social care (Calvet and Arbuthnott 2021; Farrar and Ahuja 2021, Ham 2021).

Our argument is that the external shock of the pandemic on the UK required a coherent and coordinated multi-level policy response, yet that response was characterised by widespread confusion, serious failures and blame games. Any explanation of this lack of coherence and coordination must consider the actions or inactions of those actors in crucial roles within the various governmental levels. Indeed questions of the responsibility, and even culpability, of ministers have been raised (e.g. Calvet and Arbuthnott 2021; Farrar and Ahuja 2021).

However, our focus is less on individuals than on questions of how structural factors shaped the policy response within the intergovernmental context. In particular, the pandemic policy response was weakened by systemic organisational weaknesses within central government, unresolved issues in the UK's asymmetrical inter-governmental relations (IGR) machinery and the serious imbalances in England between central and local government. In focussing on these three issues, we will also review the policy lessons which key actors are already drawing from events.

Firstly, the implications for the pandemic policy response of powerful, functionally-organised Whitehall departments which have long contributed to control and coordination issues, despite periodic searches to join-up government (Diamond 2014, 80; Pollitt 2002). Such coordination issues are often associated with the National Health Service (NHS), especially in relation to local government and particularly social care. Secondly, the resurgence of territorial politics – how the pandemic has contributed to the strains on UK intergovernmental relations (IGR), creating a legitimacy crisis for the Westminster government (for a recent

review McEwen et al, 2020) and raised the profiles of the new city-region mayors in England. Thirdly, how English local government at least initially was marginalised by central government, particularly through the outsourcing of test and trace, and had already been weakened by tighter central control, significant cuts to local government finances since 2010 and the loss of services by centrally-imposed outsourcing. In analysing these issues, we will draw on the wide range of secondary sources already available on the pandemic –government and parliamentary reports, think-tank and research reports, newspaper and media reports, and contemporaneous accounts.

The central management of coordination and control across the UK Our starting-point is that the UK, and England particularly, has retained a highly centralised system of government displaying symptoms of overload. Paradoxically, despite the stress on forging a liberal economy, since the 1980s the central state has extended its reach into innumerable spheres of social and economic life (Moran 2003). While central government’s reach has extended, the executive centre of government has faced limited steering capacities given the powerful, functionally-organised Whitehall departments. UK central government has been described as ‘an accumulation of departments’ with a ‘polo mint’ hole in the centre (JCNSS 2020, para. 91). The sheer scale of the multifaceted challenge of Covid-19 raised questions over the capacity of Number Ten and the Cabinet Office to establish clear priorities, while addressing the longer-term implications (JCNSS 2020).

Prime Minister Boris Johnson’s governing style has involved a centralised Number Ten run through a cadre of political advisers, sceptical of large bureaucracies (Thomas and Clyne 2021, 8). Insider-informed accounts (Calvet and Arbuthnott 2021; Farrar and Ahuja 2021; O’Donnell 2020) describe how the government failed to govern strategically, often ignored scientific evidence and advice and lurched from one crisis to another. Ministers in

Westminster systems, embedded in a ‘top-down governing culture’ (Matthews 2016, 6), are particularly susceptible to myths about the possibility of central control (Cairney 2020). Even so ministers engaged in blame deflection strategies, particularly as crises emerged in the National Health Service (NHS) under covid-19 pressure, and unleashed ‘blame games’ between the centre and localities.

The tensions between the territorial and functional organisation of the NHS are crucial to understanding the government’s approach to control and co-ordination. The English NHS is a centralised bureaucracy with services delivered locally through primary care and hospital organisations but with growing contracting-out to private sector providers. Unlike local government, the NHS has a strong, unified presence within central government and relates to a single department, the Department of Health and Social Care. The Ministry of Housing, Communities and Local Government (MHCLG) has overall responsibility for local government but councils also have multiple points of contact in Whitehall, not least in relation to funding. The NHS had also been ringfenced from austerity cuts in an endeavour to prevent NHS waiting-lists becoming a pressing political issue. Significantly, social care (a local government responsibility) falls outside the ringfence, despite being closely intertwined with the NHS. Nonetheless, the NHS still faces financial pressures given high cost inflation in health, demographic change with an ageing population and the indirect impact of declining social care funding by LAs. As Covid-19 cases escalated, fears of possible NHS service failures influenced decision-making. That the NHS did not implode in the first wave was at least partly because healthcare for infected elderly patients in hospitals was rationed, many were even excluded from hospital (Calvet and Arbuthnott 2021, 264-273).

The Conservatives' 2012 NHS reorganisation ('the Lansley reforms'), the latest of many NHS reorganisations, had major implications for the government's pandemic response. This reorganisation involved a legally entrenched, policy-operations separation between health ministers and NHS England (NHSE), combined with a greatly expanded quasi-market in the NHS to reduce both political 'micro-management' and health costs (Timmins 2018, 96). Ministers would determine the policy direction, NHSE would oversee operations and NHS Improvement regulate the internal market. However, even before the crisis, Lansley's successor as health secretary, Jeremy Hunt, rejected the policy-operations distinction and devoted considerable time to scrutinising operational decisions for political reasons, while NHSE itself often shaped NHS policy planning (Timmins 2020, 96-9). The reorganisation also required NHS managers and organisations to compete over delivering services with each other and the private sector. Both Hunt and the NHSE chief executive soon concluded that this compulsory commissioner-provider split discouraged the more pressing need for greater, local-level collaboration and integration of the various NHS organisations and with LA services (Timmins 2018, 102).

The Lansley reforms also altered the health/local government relationship, shifting public health responsibilities back to local councils, although Public Health England (PHE) reported to the Department of Health. This particular reform was broadly welcomed across sectors as likely to improve LA-NHS co-ordination (Buck 2020, 13). Yet no coherent framework for central-local co-ordination was established. Instead public health experienced significant policy drift. The communicable disease staff were left in PHE, away from local public health directors, while the PHE regions focussed on PHE centrally rather than on local councils (Vize 2020). Austerity meant local public health budgets (now outside the NHS ring-fence) were cut by 25% between 2014-15 and 2019-20 (Vize 2020). During the pandemic, public

health directors experienced the consequences of the weak central-local, co-ordination framework, reporting delays arising from national-level confusion over roles together with the outsourced NHS Test and Trace system being managed with little reference to local conditions (Vize 2020, Reuters 2020).

In early 2021, the government announced a new major, elaborate NHS reorganisation even as senior NHS managers were signalling yet another looming crisis as pandemic rates resurged (Nuffield Trust 2021). Ministers decided to perpetuate and formalise the tight political emergency control that they were exercising over the NHS, but apparently not acknowledging the inappropriateness of such tightened control as a long term strategy.

Accordingly, the draft bill (July 2021) proposed greater powers for the health secretary to direct NHS England and intervene in local health matters. The ‘regional’ and ‘local’ bodies (the 200 plus clinical commissioning groups) presently overseeing the funding to NHS trusts and other providers, would be replaced by integrated care system boards (ICSB) in 42 ‘regions’, with LA representation limited to one board member regardless of the number of LAs in the ‘region’. Below the ICSB, integrated care partnerships (as joint LA and ICSB committees) would formulate integrated care strategies for smaller areas or ‘places’.

Potentially LAs could lose their public health functions as the health secretary would acquire the power to instruct NHS England to take over local public health provision. Strikingly this power did not extend to social care despite how its inadequacies were revealed by the many care home deaths and its continuing, serious funding difficulties.

Back in August 2020, the government had already announced PHE’s abolition and planned replacement by a new body, the National Institute for Health Protection. This abolition was widely seen, at least partly, to be about scapegoating PHE for a series of failings – the slow

introduction of test and trace, miscounting Covid-19 deaths, and initially not sharing data with directors of public health (Iacobucci 2020). PHE had stopped test and trace early in March 2020, despite a rising rate of infection, because of a shortage of staff and equipment (Briggs et al. 2020, 5), and was not working effectively with LAs (Calvet and Arbuthnott 2021, 99; Reuters 2020, 3). However, PHE's failings could also plausibly be seen as the result of government cuts to PHE funding and the reduction of its regions to four thus weakening links with LAs. Although PHE was an arm's-length agency, questions must be posed as to whether health ministers could solely blame PHE for an inadequate contact tracing infrastructure.

Finally, in a striking instance of a failure to plan and learn policy lessons prior to the crisis, government ministers had ignored the 2016 Project Cygnus simulation to test national preparedness for a flu pandemic. The Project Report had concluded: 'The UK's preparedness and response, in terms of its plans, policies and capabilities, is currently not sufficient to cope with the extreme demands of a severe pandemic that will have a nationwide impact across all sectors' (PHE [2017] 2020, 6). The Report anticipated problems that subsequently emerged – a lack of central government readiness, the failure of Whitehall to engage effectively with local services, an inadequate PPE supply chain, and infection spread following a large scale discharge of hospital inpatients to care homes to free up beds. The Conservative government only partially engaged with the Report (JCNSS 2020, para 107, Dyer 2020). It was published four years later only under the threat of legal action (Dyer 2020), a government adviser plausibly suggested that most recommendations were ignored as the fear of a no-deal Brexit began 'sucking all the blood out of pandemic planning' (Calvet and Arbuthnott 2021, 89).

The resurgence of territorial politics and IGR

The three nations and UK IGR

In the UK, like many Western European countries, sub-state national identities have strengthened in recent years. Indeed, Scotland and Wales have acquired, and in the case of Northern Ireland, re-acquired, extensive legal powers and control over public spending priorities. However, the UK government's response to Covid-19 has created further UK IGR tensions over those powers on top of Brexit-driven tensions, particularly in Scotland and Northern Ireland where majorities had voted to remain in the EU. Post-Brexit the Westminster government's retention of former EU responsibilities falling within devolved powers has exacerbated tensions. Despite some quasi-federal elements, UK devolution has not involved the multilateral, IGR institutions characteristic of established federal systems, notably Germany and Australia. The design of IGR institutions is fundamentally constrained by the asymmetric nature of UK devolution: firstly, the dual role of the Westminster government as both the UK and the English government; and secondly, the inevitable domination of IGR by England, the most populous and wealthy sub-state unit, representing 86% of the UK population. The original devolution blueprints had sidestepped these fundamental difficulties (Laffin and Thomas 1999).

Nonetheless, the UK now has three regional-level governments with some legitimacy and capacity to challenge the UK Government. Prior to the 2014 referendum, the Scottish threat of a vote for independence led the then Conservative-led Coalition (2010-2015) to agree concessions on additional powers. The Scots then rejected independence by 55%-45%. Wales has significantly less bargaining power, given the more limited support for independence. The Welsh government's powers only recently moved to a 'reserved powers' model, tracking Scotland. The stronger, long term bargaining position of Scotland and Northern Ireland, compared to Wales, is also evident in their block spending allocations. Their expenditure on

devolved public services is around a third higher (29%) than comparable spending in England, and around a quarter higher (23%) than Wales. Even allowing for differences in need, the three nations enjoy higher levels of spending than England (Paun et al. 2021, 12). The Northern Ireland Assembly also acquired an additional £1 billion funding as the price of the Democratic Unionist Party's (DUP) support for Teresa May's minority Government (2016-19). This piecemeal, ad hoc approach to devolution with no clear rationale or overarching principle other than political expediency has been widely criticised (e.g. McEwen et al. 2020).

On Covid-19, the three devolved governments have responsibility for their own health services. However, given their limited policy capacity, they have kept close to UK health and scientific advice channels. Their chief medical officers sit on the official-expert UK Scientific Advisory Group for Emergencies (SAGE) which provides pandemic-related scientific advice (SGC Advisory Group, 2020). All three nations also have their own independent advisors and Covid-19 advisory groups. Nonetheless the sharing of UK SAGE advice acted as an IGR coordinating mechanism, especially over pandemic lockdowns and restrictions.

Initially, the devolved governments tracked UK Government announcements, entering the first lockdown together on 23rd March 2020 (later than most European countries). The lockdown compelled employees to work from home (except for key workers); restaurants and pubs were closed; and social mixing was only permitted within households. Despite sharing SAGE advice, Scotland and Wales have been more cautious over restrictions. England and Northern Ireland ended the first lockdown on 3rd May, while Scotland and Wales waited until the 29th May and 1st June (Hale et al. 2021). Wales announced a 17 day 'firebreak' lockdown in autumn 2020 in line with SAGE advice. PM Johnson rejected this advice. He stuck to

regionally-focussed lockdowns in the north and midlands (as did Scotland), only then to reverse strategy by declaring a second English lockdown. Scotland and Wales appeared to diverge from England, but it was actually the Westminster government diverging from SAGE advice (Calvet and Arbuthnott 2021, 261-64). In Northern Ireland tensions arose over whether to follow the London or Dublin lead. The DUP and protestant community tended to argue for alignment with the rest of the UK, while the nationalist Sinn Fein looked to Ireland over containment measures, notably on school closures and testing (Evershed 2020). However, when the second wave emerged, Sinn Fein and the DUP moved closer on Covid-19 measures.

The political optics benefitted the Scottish and Welsh first ministers who appeared more competent than Johnson. In Scotland, 83% agreed that Scottish First Minister Nicola Sturgeon handled the crisis well, compared to only 30% for the PM (Ipsos Mori 2020). In reality, the early Scottish Covid-19 death rate was only marginally lower than England's (Dickie 2020). During summer 2020, Sturgeon made announcements before the UK government, leaving Whitehall to reverse policy following the Scottish lead. Sturgeon's decisive response contrasted with Johnson's prevarications, boosting support for independence, at least temporarily. In Scotland, Sturgeon enjoyed an electoral uplift in the May 2021 elections, although more recent polls indicate support for independence may be declining. In Wales, First Minister Mark Drakeford's Labour administration also increased its vote in the May elections. His sure-footed Covid-19 announcements considerably raised his profile. Meanwhile, lockdown differences between England and Scotland and Wales, created greater awareness of devolved government and borders in both nations.

PM Johnson took a less conciliatory approach to the devolved nations than his two Conservative predecessors. During the second pandemic surge in Autumn 2020, Sturgeon and Drakeford complained they had not heard from the PM for six months (Norris and Brooks 2020). Ministers announced new English Covid-19 measures as if they applied automatically to the devolved nations, ignoring devolution. One former Number Ten staffer observed, ‘the centralised, even colonial mindset within Downing Street... Whitehall too often treats the first ministers of Scotland and Wales like regional mayors rather than the leaders of countries’ (quoted in Shrimley 2020).

The UK government further undermined relations with the devolved leaders with the announcement of a new UK-wide furlough, income support scheme beginning on 5th November 2020. The Scottish and Welsh governments joined the Northern city-region mayors in criticising Whitehall for only making such support available *after* the whole of England was affected. The perception was that UK policy was driven by *English* and particularly *London-centric* interests.

Meanwhile, the UK’s formal IGR machinery proved largely irrelevant to pandemic management. The IGR machinery hinges on the Joint Ministerial Committee, involving ministers from the UK and the three nations, chaired by a UK minister. Its fundamental weakness is that it is purely consultative and not a decision-making body; it has no statutory powers. Not surprisingly, there is ‘a growing consensus that the current UK inter-governmental relations mechanisms are not fit for purpose’ (PACAC 2018, para. 122). PACAC approvingly cited a Welsh Government report which referred to the JMC as a ‘talking shop’ arguing that it should be able to reach ‘binding decisions’ where necessary through a ‘dispute resolution mechanism.’

In July 2019 the previous Conservative Government had appointed Lord Dunlop (a former Conservative Scottish Office minister) to review the ‘institutional arrangements’ of the Union. The Westminster Government took almost two years to respond (Dunlop 2021). Johnson’s Government rejected Dunlop’s recommendation for a new UK Intergovernmental Council, and a Secretary of State for Intergovernmental and Constitutional Affairs (Gove 2021). Instead, the UK only agreed to modest changes including incorporating consensus decision-making into the IGR terms of reference, creating additional sub-forums for sectoral ministers’ meetings, and revising the dispute resolution process to allow for some independent mediation (Cabinet Office 2021). Wider reforms to entrench countervailing power for the devolved nations, such as in a reformed House of Lords, were not considered.

More recently, Johnson has also broken with his predecessors’ conciliatory approach and switched to an assertive, unilateral unionism. In particular, he has sought to extend the government’s English ‘levelling-up’ agenda (see later) to the devolved nations, looking to work directly with their LAs and around the Scottish and Welsh governments (unlike the earlier ‘City deals’ which Whitehall had jointly developed with the devolved governments and LAs). Johnson appears to be trying to undermine Scottish nationalism and Wales Labour by replicating the strategy of using government grants to gain public support in England. The Scottish Government responded by attacking such UK unilateral attempts to undermine devolution (Lochhead 2021). Similarly, Drakeford condemned the UK Government’s *A Plan for Wales* (2021) as ‘a plan made for Wales – without Wales’ (Thomas 2021) and argued instead for a ‘union of solidarity’ and ‘entrenched devolution’ not reversible by the Westminster Government. (Welsh Government, 2021).

City-region mayors

Under the Conservative-led coalition government, Conservative ministers sought to revive the politics of place in northern England by creating directly-elected, city-region mayoralities as part of a 'Northern Powerhouse' initiative (Lee 2017). This initiative also began a process of Conservative challenges to the Labour party in its traditional heartlands. The mayoralities and combined authorities are based on 'deals' – 'contract-style agreements between central government and LAs to pursue agreed outcomes in discrete policy areas' (Sandford 2017, 72). These mayors have limited powers relating to economic development, and only the Greater Manchester mayor has significant responsibilities in health and social care. Instead the stress is on their role as spokespersons for their cities in attracting private sector investment and lobbying central government over economic development. To make an impact they depend on co-ordinating other agencies and using lobbying strategies (Roberts 2020). Indeed, in the 2019 general election the Conservatives won an increased majority largely by winning many of these traditional Labour constituencies with their 'Get Brexit Done' slogan. Teesside and the West Midlands now have elected city-region Conservative mayors.

The Covid-19 crisis has provided English city-region mayors with the need, and opportunity, to assert their authority. Andy Burnham, the Greater Manchester Mayor, became the de facto leader of the northern mayors. Burnham is a seasoned politician, having been health cabinet secretary in the last Labour Government. In early May 2020, Burnham warned that central government's continuing failure to consult mayors outside London risked 'fracturing national unity'. He pressed for the northern regions to be involved in any post-lockdown recovery programme (Burnham, 2020). In June, Burnham and Steve Rotherham, the Liverpool Region Mayor, criticised widening north-south inequalities and a perceived London bias in

coronavirus decision-making. Burnham cited PHE statistics showing that 24% of Covid-19 deaths in Greater Manchester occurred after the May easing of the national lockdown, while the equivalent London figure was 9% (Charara 2020). Northern mayors stressed the need for improved test and trace self-isolation support payments, a more pressing issue in poorer northern areas than in the south. The government disagreed, but mayors like Burnham and Rotherham earned greater recognition as the national-level voices of their city-region, reflected in their increased electoral support in 2021.

The Conservative ‘levelling-up’ agenda after 2019 has intensified the transactional, contract-style shift in central-local relations involving high profile initiatives and greater reliance on competitive bidding for funding and high-profile central initiatives, excluding spending on mainstream services like public health or social care. The £4.8bn Levelling Up and £1bn Towns funds, announced in 2020 and 2021, disproportionately favours Conservative-held seats rather than areas of deprivation (Bounds and Smith 2020).. The government seems to be resorting to pork barrel politics, using funds for high profile projects and other promises, such as relocating civil service jobs (e.g. part of Treasury to Tees Valley Combined Authority with its Conservative mayor). The Conservative city-region mayors, Andy Street in the West Midlands and Ben Houchen in Tees Valley reaped the benefit in the May 2021 elections. Yet the new funds, with allocations spread over several years, seriously fail to compensate for almost ten years of real terms cuts in local government spending.

The increasing centralisation of English local government

Paradoxically, while the UK has become significantly devolved, England has become increasingly centralised. English LAs have limited scope for mobilising countervailing power vis-à-vis central government (de Widt and Laffin 2017). As Goldsmith and Page (2010, 1)

point out, LAs' freedom of action is limited unless they have access to higher tiers of government through formal representation, corporate representation (through local government associations) and/or informal links through personal contacts. English councils have no constitutional protection or formal political representation in the UK upper house, unlike local government in France and the German Länder, nor equivalent political standing to that enjoyed by French mayors and Länder prime ministers. Moreover, corporately the English Local Government Association (LGA) faces collective action problems exacerbated by having to represent locally-diverse areas nationally, while the domination of party politics (relatively polarised compared with most European countries) often further compromises its promotion of local powers (De Widt and Laffin 2018). Consequently, successive Westminster governments have faced little effective resistance from English local government. The post-1980s dismantling of once integrated professional-bureaucratic, central-local channels, based on a stable framework of consultative norms and practices, has also limited local government influence within the centre (Laffin 2009). The central-local relationship is now increasingly characterised by tighter regulatory and financial controls over services and ad hoc central interventions.

Local government has suffered much deeper cuts than central government overall. Between 2010-11 and 2020-21, overall local government spending power fell by 26.3% in real terms (NAO 2021, 16). In particular, LA emergency planning expenditure fell 35% in real terms between 2009/10 and 2018/19 (Davies et al. 2020, 31). Consequently, LAs were poorly equipped initially to cover additional Covid-19 costs with poorer urban areas disproportionately affected. The 2011 closure of government regional offices had broken an important central-local link partly as regional level resilience teams were dismantled (Murphy 2014). The cuts have been deeper in more deprived areas and funding disparities

will exacerbate north-south divisions: ‘LAs serving more deprived communities could see particular increases in service needs and challenges if the coronavirus crisis hits individuals and families already suffering disadvantage harder, and these effects could be long lasting’ (Ogden and Phillips 2020, 3).

LAs have been compelled to accept austerity. The constraints on their acting collectively, the limited availability of ways to mobilise countervailing power against the centre, and the central-local politics of blame allocation, have left LAs particularly vulnerable to centrally-imposed austerity. Under the Thatcher government during the 1980s, many urban Labour authorities had resisted cuts. Central government retaliated by capping local rates, surcharging councillors and abolishing the metropolitan, city-region councils, including the Greater London Council. Meanwhile, ministers and the media stigmatised the Labour party by branding protesting Labour councils as ‘loony left.’ Labour councillors have been influenced by this experience and the Labour party centrally looks to dissuade their councils from taking on a Conservative central government with a large parliamentary majority.

An early assessment of the Government’s Covid-19 performance noted that many interviewees across central and local government, ‘felt that the pandemic response showed a fundamental breakdown of the working relationship between central government in Westminster and local government across England’. Officials, including those in MHCLG, lacked understanding of LAs (Thomas and Clyne 2021, 10). Central decision-makers were detached from local institutions – mayors, LAs, public health teams – and crucially those at the front-line co-ordinating the Covid-19 response. One former official commented on ‘a disgraceful, patronising view of local government – that they are less capable, less experienced, more incompetent, and more shambolic than people in central government’

(quoted in Thomas and Clyne 2021, 11). Although such attitudes and distrust between English central and local government are not new (Lowndes 1999).

Nonetheless, a closer and more nuanced central-local relationship has developed between MHCLG and local authority finance chiefs (National Audit Office 2021). MHCLG had to build links with LAs to distribute the additional funds allocated to pandemic-related programmes, particularly payments to support self-isolation (Blythe 2021). The department and LAs established a monitoring system to anticipate difficulties and coordinate other departmental funding (NAO 2021). Tellingly, a senior MHCLG official noted that his department realised how little they actually knew about local government – the crisis ‘forced us to confront the question of what are national and what are local responsibilities.’ Some policy learning was now happening as the department was seeking a shared view of central-local responsibilities examining “what has been done at the right level and what has not?” during the pandemic (Blythe 2021).

The NAO (2021) also found that while MHCLG engaged more closely with local government, other departments’ engagement remained poor. Moreover, central government’s ‘incremental funding’ of LAs hampered effective financial planning, alongside a proliferation of separate funding pots for which councils must invest time and effort to bid. The NAO (2021, 5) also questioned whether local government finance was sustainable on present trends. Many local authorities had planned their 2021-22 budgets assuming they would have to make additional cuts. Their continuing use of already dwindling reserves was not a sustainable strategy. Consequently, the NAO concluded that the post-2022-23 financial uncertainty meant that councils cannot plan local service provision effectively. They recommended that MHCLG and Treasury should produce longer-term, not year by year,

financial plans for local government to enable LAs to innovate and adapt. To compound the problem, the government had previously shifted local government financial accountability to a focus overwhelmingly on financial conformance rather than policy-related, organizational performance (Ferry and Eckersley 2015).

Central-local relations and outsourcing

The pandemic response underlines the severe asymmetries inherent in English central-local relations, and the limits on English LAs' discretion and effective access to the centre (Copus et al. 2017). Their discretion has been further circumscribed by the shift towards alternative service delivery chains designed to work around LAs, 'governing through governance' (Bache 2003). Conservative and Labour governments have transformed local service delivery in England. Some major service delivery chains have been outsourced – most notably in social housing, education, social care and leisure and cultural services – to extra-governmental organisations in the private and voluntary sectors, deliberately removing them from local government control (Laffin 2009). Outsourcing has displaced the professional-bureaucratic relationships that once underpinned service delivery, as illustrated by the public health profession (Roderick et al. 2020).

The misnamed NHST&T is an example of such a new service delivery chain *outside* the NHS. Ministers created the new organisation, NHS Test and Trace (NHST&T) and appointed a private sector manager to lead it.. Dido Harding was the ex-chief executive of the *TalkTalk* mobile phone company, a Conservative member of the House of Lords, a McKinsey Consultancy alumna, former chair of the NHS Improvement Agency and married to a Conservative MP. Similarly, the NHST&T Executive Committee included just one public health expert (an epidemiologist) alongside one local government representative. The

management team and roles in related agencies were similarly given to those from the worlds of politics and consultancy rather than public service (West, 2020; Conn et al. 2020). The staffing of NHST&T reflected the trend for ministers to take an increasingly sceptical view of traditional professional and public administration knowledge and skills, and their preference for the skills involved in management consultancy and outsourcing (Crouch 2015).

NHST&T was launched on 28th May 2020. LAs were not directly involved, local directors of public health were simply informed. This government-described ‘world-beating’ programme with a budget of £22 billion was expected to enable lockdown measures to be lifted by identifying and isolating infected individuals (Giles 2020). It broke with the British tradition of professional-bureaucratic links whereby the ‘system of communicable disease control has relied on close cooperation between local health services and authorities. General practitioners, NHS and public health laboratories, and local public health officers play key roles’ (Roderick et al. 2020, 369). The professional and local social capital of these actors was marginalised. Instead contact chasing was implicitly re-defined as just a ‘call centre’ function to which staff could be recruited and trained. Serco, a multi-national services company, won the main contract to operate the call centres. A Whitehall official raised the important issue of the strong market position of companies like Serco, ‘Serco are pretty much the only people who can stand up a work force in that time, and love them or hate them, it is about having the numbers’ (quoted in Mueller and Bradley 2020). Indeed, the NAO (2013) had previously warned of the dangers of the big-four service contractors ‘being too big to fail’. Serco then contracted out the work to 20 subcontractors and the contact tracers were reported as undergoing perfunctory training and struggling to access the IT system (Perraudin 2020).

The directors of public health became frustrated with NHST&T's information management systems, finding out more from local media about infections (Reuters 2020, 10). Scotland and Wales withdrew from the UK system, establishing structures based on local directors of public health leading contact tracing, redeploying staff while establishing their own testing sites (Bounds and Neville 2020) and succeeded in contacting 80% of suspected cases (Welsh Government 2020, para 3). Public Health Scotland launched its National Contact Tracing Centre to train and employ staff directly working with Scottish NHS regional boards. In England, LAs had to negotiate agreements for data-sharing through Whitehall. The data only began to arrive weekly in late July 2020. Even then, LAs had to wait for the NHST&T to arrange testing (Briggs et al., 2020, 15). It was reported that Whitehall's refusal to provide data, apparently for reasons of confidentiality, hindered efforts to contain virus outbreaks; and the information related to only hospital tests rather than the community or care homes (Wallis 2020).

By September, SAGE (2020) concluded that NHST&T was having a 'marginal impact' on virus transmission given the low levels of public engagement, testing delays and poor rates of adherence to self-isolation. By October, a refocus of national contact tracing to be 'local by default', announced by Harding in early August, had not yet taken place. Almost all councils notified central government that they wished to deliver test and trace locally; many were already contact tracing, although other councils were waiting for Whitehall to respond to their additional funding requests (Calkin 2020). The cross-party Public Accounts Committee (2021, para 8) cited the SAGE Report (2020) that NHST&T had not made a 'measureable difference' to the spread of Covid-19 despite involving actual expenditure of £16 billion (2020-21) and planned expenditure of £15 billion (2021-22).

The test and trace contract was the first of many awarded to private companies. A highly critical NAO (2020) report found that most contracts for PPE and hospital supplies were not competitive. Companies with political connections were processed through a ‘high priority’ channel and were more likely to be successful than others.

Social care is another example of where outsourcing has brought problems. Social care is managed locally and social care is funded by LAs on a means-tested basis, not by the nationally-funded NHS. As LAs are increasingly financially constrained and social care is usually their greatest expense, the care sector is seriously under-funded. As an under-funded sector with means-testing of adult clients (unlike the free NHS), it has long been widely recognised as requiring reform, but successive governments have postponed action. Early in the pandemic, to accommodate rising numbers of Covid-19 patients in hospitals, many elderly patients were transferred to care homes without being tested, spreading infections (Calvet and Arbuthnott, 261-64). Between March 2020 and April 2021, elderly care home excess deaths increased by 20% (27,179) and in domiciliary care by 62% (9,571) (Health Foundation 2021, 3). Care homes lacked proper PPE and the poorly paid workforce often acted as infection vectors. The financialisation of the sector has also involved increased ownership by private equity and private companies, focussed on property investment returns rather than health outcomes (Horton 2019).

In the 1990s some commentators had initially welcomed the proliferation of organisations involved in outsourcing as evidence of a new ‘governance’ model whereby delivery networks were becoming increasingly ‘self-organising’ as central government was ‘hollowed-out’ (e.g. Rhodes 1997). Even the later, more nuanced, governance literature continues to create the impression that the central state’s role is weakening and argues that the service delivery

debate should focus on the role of increasingly pluralistic networks (e.g. Torfing and Sørensen 2014). We would question such a focus and point to the need for analytical frameworks which more closely reflect the political realities and power asymmetries of the central-local governance landscape. In particular, questions should be posed around how outsourcing typically downgrades traditional professional expertise (Crouch, 2014; Roderick et al. 2020), the impact of financialisation on local services (e.g. Horton 2019), the growing outsourcing reliance on large service companies with quasi-monopolistic position vis-à-vis government (NAO 2014), cronyism in contracting-out and making appointments (NAO 2020, Conn et al. 2020) and the implications for local political accountability.

Conclusions

The coordination problems arising within the UK pandemic policy response reflect long-standing issues within central government, UK IGR and English central-local relations. Firstly, an over-centralised, central government, with few countervailing constraints, makes policy failures more likely. The 2021 proposed NHS reorganisation, and the flawed 2012 NHS reorganisation, illustrate how ministers can embark on major service reorganisations with a minimal degree of reflective policy learning or consultation (Moran 2003). The 2021 NHS reorganisation draws on a narrative that the source of coordination failure arose from a deficit of ministerial control over NHSE and PHE nationally and locally. Strikingly, ministers began planning and implementing a major reorganisation while the pandemic was still raging, reflecting a ‘top-down governing culture’ (Matthews 2016, 6). As Chris Ham (2021) observes the reorganisation reflects ‘a preference for heroic leadership by the few rather than collective and distributed leadership by the many’. Similarly, Project Cygnus had flagged up most of the key issues around pandemic management, but government ministers failed to learn the lessons and had suppressed the report.

Secondly, the UK IGR mechanisms of coordination and conflict resolution fail to cope with the realities of asymmetric devolution. The Westminster government's response to the pandemic had a centrifugal effect on UK IGR relationships. The Scottish and Welsh political leaders have been strengthened by their handling of the crisis. But these leaders aspire to take their nations in what are divergent directions – Scotland towards independence, Wales towards membership of a more balanced UK 'union of solidarity'. Meanwhile, Northern Ireland is holding together a fragile, traditional unionism while balancing inter-communal relationships. These divergent objectives, and the consequently, differing political engagement strategies with the UK limit the scope for a cross-nations coalition to reform UK IGR. Meanwhile, the present UK government's unilateral unionism means that it is unlikely to make concessions in its domination of IGR. The outlook is for continued stalemate over IGR reform.

Thirdly, within England the pandemic response has exposed the fissures in a dysfunctional central-local relationship. LAs are structurally disadvantaged as they face severe collective action problems and their access to sources of countervailing bargaining power is severely limited, even more so than for the devolved governments. LAs' scope even to act as effective agents of the centre, let alone create local initiatives, is being further curtailed by continuing austerity, tighter policy and financial controls, the greater stress on electorally-driven rather than needs-based funding schemes, and central government resort to outsourced service delivery chains to work around LAs. The trend is likely to be for more pork –barrel politics, of the ruling Conservative party rewarding local electorates with projects and additional spending.

The pandemic, then, shows that the centre's appetite for top-down control is undiminished. Assumptions about cooperatively-minded actors and the ease of pluralistic coordination, implied in the network governance central-local research agenda, distract from pressing issues. Rather the focus should be on questions relating to increasing government dependence on outsourced delivery chains and multi-national service companies, how increasing financialisation can undermine social services, management consultants's challenge to traditional professional knowledge and skills, the impact of continuing austerity impact and the implications of these trends for the future role of local government.

Acknowledgements

References

Bache, I. 2003. "Governing through Governance: Education Policy Control under New Labour". 51, 2: 300-314. <https://doi.org/10.1111%2F1467-9248.00425>

Blythe, J. 2021. "Presentation." CIPFA Conference: Understanding the impact of the pandemic on local government finance, online 19th May.

Bounds, A. and S. Neville. 2020. "Outbreaks highlight disparities in UK test and trace regimes." *Financial Times* July 13. <https://www.ft.com/content/f0be6eaa-c512-4006-b4dd-e5e0ed2c0ce1>

Bounds, A. and A. Smith. 2021. “Levelling Up Fund bias in favour of Tory seats ‘pretty blatant’”. *Financial Times*, 5th March. <https://www.ft.com/content/d485da2a-5778-45ae-9fa8-ca024bc8bbcf>

Briggs A., D. Jenkins, C. Frazer. 2020. *NHS Test and Trace: The journey so far*, September 23. London, Health Foundation. <https://www.health.org.uk/sites/default/files/2020-09/NHS%20Test%20and%20Trace.pdf>

Buck D. 2020. *The English Local Government Public Health Reforms*. London, King’s Fund. <https://www.kingsfund.org.uk/sites/default/files/2020-01/LGA%20PH%20reforms%20-%20final.pdf>

Burnham, A. 2020. “Are we all in this together?” *Guardian* <https://www.theguardian.com/commentisfree/2020/may/16/are-we-all-in-this-together-it-doesnt-look-like-it-from-the-regions>

Cabinet Office, 2021. “Progress Update on the Review of Intergovernmental Relations.” London: Cabinet Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972983/Progress_update_on_the_review_of_intergovernmental_relations.pdf

Calkin, S. 2020. “Local contact tracing roll out.” *Local Government Chronicle*, October 2. <https://www.lgcplus.com/politics/coronavirus/exclusive-local-contact-tracing-roll-out-gathers-pace-despite-lack-of-funding-02-10-2020/>

Calvet, J. and G. Arbuthnott. 2021. *Failures of State: The Inside Story of Britain's Battle with Coronavirus*. London, Harper Collins.

Cairney, P. 2020. The myth of 'evidence based policymaking' in a decentred state. *Public Policy and Administration*. <https://doi.org/10.1177/0952076720905016>

Charara, S. 2020. "England's Covid-19 strategy is all about London." *Wired*, October 5.
<https://www.wired.co.uk/article/lockdown-Covid-northern-england>

.

Conn, D. et al. 2020. "Rise of the 'chumocracy': Covid contracts and the new Tory establishment." *The Guardian*, November 16.
<https://www.theguardian.com/world/2020/nov/15/chumocracy-Covid-revealed-shape-tory-establishment>

Copus, C., M. Roberts and R. Wall (2017), *Local Government: Centralisation, Autonomy and Control*. London, Palgrave Macmillan.

Crouch, C. 2015. [*The Knowledge Corrupters: Hidden Consequences of the Financial Takeover of Public Life*](#). Cambridge, Polity.

Davies D., Atkins, G., Benoit G. & S. Sodhi. 2020. *How fit were public services for Coronavirus?* London: Institute of Government.

<https://www.instituteforgovernment.org.uk/sites/default/files/publications/how-fit-public-services-coronavirus.pdf>

de Widt, D. and M. Laffin. 2018. "Representing territorial diversity: the role of local government associations." *Regional Studies* 52,11: 1585-1594. DOI: [10.1080/00343404.2018.1462488](https://doi.org/10.1080/00343404.2018.1462488)

Diamond, P. (2014), *Governing Britain: Power, Politics and the Prime Minister*. London, Tauris.

Dickie, M. 2020. "Johnson's handling of pandemic and Brexit fuels separatist sentiment." *Financial Times* July 24.
<https://www.ft.com/content/3039f172-d7e7-466e-a63f-145fc1d04f0d>

Dunlop, A. (2019), *Review of UK Government Union Capability*. London, Cabinet Office.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972987/Lord_Dunlop_s_review_into_UK_Government_Union_Capability.pdf

Dyer, C. (2020), 'Report of UK's pandemic preparedness leaves questions unanswered, says doctor,' *British Medical Journal* 18th November, p. 371.

<https://www.bmj.com/content/bmj/371/bmj.m4499.full.pdf>

Evershed, J. 2020. "Brexit, the Irish border and Coronavirus." Edinburgh: Centre for Constitutional Change. <https://www.centreonconstitutionalchange.ac.uk/news-and-opinion/brexit-irish-border-and-coronavirus>

Farrar, J. and A. Ahuja. 2021. *Spike: The Virus Vs the People*. London: Profile.

Ferry, L. and P. Eckersley. 2015. "Budgeting and governing for deficit reduction in the UK public sector: act three 'accountability and audit arrangements.'" *Public Money and Management*, 35: 3, 203–210.

<https://www.tandfonline.com/doi/pdf/10.1080/09540962.2015.1027496>

Giles, C. 2020. "UK's high covid spending delivers worst outcomes than peers." *Financial Times*, November 29. <https://www.ft.com/content/1f52fd2b-7daf-418e-be8b-acc38f819b8d>

Goldsmith, M. and E. Page. 2010. "Introduction" in *Changing Government Relations in Europe*, edited by Goldsmith and Page, 1-13. Abingdon: Routledge.

Gove, M. 2021. “Letter from the Chancellor of the Duchy of Lancaster to Lord Dunlop on the government response.” 24th March.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973001/L_Dunlop_Letter.pdf

Hale, T. et al. 2020. “Oxford COVID-19 Government Response Tracker.” Oxford, Blavatnik School of Government. www.bsg.ox.ac.uk/covidtracker.

Ham, C. 2021. “The UK’s poor record on Covid-19 is a failure of policy learning”. *British Medical Journal*, 372: n284. doi: <https://doi.org/10.1136/bmj.n284>

Health Foundation 2021. “Adult social care and COVID-19 after the first wave: assessing the policy response in England Our analysis of the national government policy response for social care between June 2020 and March 2021”. London, Health Foundation.

<https://www.health.org.uk/publications/reports/adult-social-care-and-covid-19-after-the-first-wave>

Horton, D. 2019. “Financialization and non-disposable women: Real estate, debt and labour in UK care homes.” *Environment and Planning A: Economy and Space*, online July 9th.

<https://doi.org/10.1177/0308518X19862580>

Iacobucci, G. 2020. “Public Health England is axed in favour of new health protection agency” *British Medical Journal* 370:m3257. doi: <https://doi.org/10.1136/bmj.m3257>

Institute of Government 2020. “Devolution: Joint Ministerial Committees.” London: IoG.
<https://www.instituteforgovernment.org.uk/explainers/devolution-joint-ministerial-committee>

Ipsos Mori 2020. “Covid-19 Polling.” BBC Scotland, May 26.
<https://www.ipsos.com/sites/default/files/ct/news/documents/2020-05/Covid-19 -for-bbc-scotland-charts-may-2020.pdf>

Joint Committee on the National Security Strategy 2020. *Biosecurity and national security*.
London: Parliament, HC611/HL 195.
<https://committees.parliament.uk/publications/4035/documents/40449/default/>

Laffin, M. 2009. Central-Local Relations in an Era of Governance: Towards a New Research Agenda, *Local Government Studies* 35, 1: 21-37.
<https://doi.org/10.1080/03003930802574698>

Laffin, M. and A. Thomas. 1999. *Publius: The Journal of Federalism*. 29, 3: 89-107.
<https://www.jstor.org/stable/3331111>

Lee. N. 2017. “Powerhouse of cards? Understanding the ‘Northern Powerhouse’”. *Regional Studies*. 51, 3: 478-489. DOI: [10.1080/00343404.2016.1196289](https://doi.org/10.1080/00343404.2016.1196289)

Lochhead. R. 2021. “UK Shared Prosperity Fund and the Levelling Up agenda: letter from the Just Transition, Employment and Fair Work Minister”. 5th July, Scottish Government.

Lowndes, V. 1999. "Rebuilding trust in central/local relations: Policy or passion?" *Local Government Studies*. 25, 4:16–136. DOI: 10.1080/03003939908433970

Maddox, B. 2020. *Reform of the Centre of Government*. London: Institute of Government.
<https://www.instituteforgovernment.org.uk/sites/default/files/publications/reform-centre-government.pdf>

Matthews, F.M., 2016. Letting go and holding on: The politics of performance management in the United Kingdom. *Public Policy and Administration*, 31(4), pp.303-323.

McEwen N., M. Kenny, J. Sheldon and C. Brown Swan 2020. "Intergovernmental relations in the UK: Time for a radical overhaul?" *Political Quarterly* 91, 3: 632-640.
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/1467-923X.12862>

Miles, J. 2020. "Written Statement: JMC (EU)." June 3.
<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgov.wales%2Fwritten-statement-joint-ministerial-committee-eu-negotiations-3&data=02%7C01%7C%7C8703a4d9adf54a9a205608d848dfd8ce%7C569df091b01340e386eebd9cb9e25814%7C0%7C0%7C637339473534429611&sdata=Aq50%2FdDQXPF3NMIZXbrNUgSW2lievRuDZB%2BmEf5nJis%3D&reserved=0>

Moran, M. 2003. *The British Regulatory State: High Modernism and Hyper-Innovation*. Oxford: Oxford University Press.

Mueller, B. and J. Bradley. 2020. “England’s ‘World Beating’ system to track the virus is anything but.” *New York Times*, 17th June.

<https://www.nytimes.com/2020/06/17/world/europe/uk-contact-tracing-coronavirus.html>

Murphy, P. (2014) Flood Response hit by regional austerity cuts, *The Conversation* 20th February. <https://theconversation.com/flood-response-hit-by-regional-austerity-cuts-23448>

National Audit Office, 2013. *Memorandum. The Role of major contractors in the delivery of public services*. London: NAO, HC 810.

National Audit Office. 2020. “Investigation into government procurement during the COVID-19 pandemic.” London: NAO, HC 595.

[https://www.nao.org.uk/wp-content/uploads/2020/11/Investigation-into-government-procurement-during-the-COVID-19 -pandemic.pdf](https://www.nao.org.uk/wp-content/uploads/2020/11/Investigation-into-government-procurement-during-the-COVID-19-pandemic.pdf)

National Audit Office. 2021. *Local Government Finance in the Pandemic* London, NAO 10 March HC 1240 <https://www.nao.org.uk/wp-content/uploads/2020/08/Local-government-finance-in-the-pandemic.pdf>

Norris, S and L. Brooks. 2020. “Welsh and Scottish leaders: Johnson hasn't talked to us for months.” *Guardian* September 18.

https://www.theguardian.com/politics/2020/sep/18/welsh-and-scottish-leaders-johnson-hasnt-talked-to-us-for-months?CMP=Share_iOSApp_Other

Nuffield Trust 2021, “Briefing”, London, Nuffield Trust.

<https://www.nuffieldtrust.org.uk/resource/second-reading-of-the-health-and-care-bill>

O’Donnell, G. 2020. “The Covid Tragedy: following the science or the sciences?” London, Institute for Fiscal Studies Annual Lecture. <https://www.ifs.org.uk/events/1839>

Ogden, K. and D. Phillips. 2020. *The financial risk and resilience of English local authorities in the coronavirus crisis*. London: Institute of Fiscal Studies.

<https://ifs.org.uk/uploads/BN296-The-financial-risk-and-resilience-of-English-local-authorities-in-the-coronavirus-crisis.pdf>

Parker G., Cookson C., Neville S., Payne S. , Hodgson C, Gross, A. and Hughes, L. 2020. “Inside Westminster’s coronavirus blame game” *Financial Times*, July 16.

<https://www.ft.com/content/aa53173b-eb39-4055-b112-0001c1f6de1b>

Paun. A, Cheung, A. Nicholson, E. 2021. *Funding devolution: The Barnett formula in theory and practice*. London: Institute of Government.

<https://www.instituteforgovernment.org.uk/sites/default/files/publications/funding-devolution-barnett-formula.pdf>

Perraudin F. 2020. “‘No one had any idea:’ contact tracers lack knowledge about Covid-19 job.” *Guardian* May 20. <https://www.theguardian.com/world/2020/may/20/no-one-had-any-idea-contact-tracers-lack-knowledge-about-Covid-19-job>

Pew Research Centre. 2020. September 21.

<https://www.pewresearch.org/fact-tank/2020/09/21/americans-give-the-u-s-low-marks-for-its-handling-of-Covid-19-and-so-do-people-in-other-countries/>

PHE 2017. *Operation Cygnus Report Final*. London: PHE.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/927770/exercise-cygnus-report.pdf

Pollitt, C. 2002. "Joined-up Government: a Survey." *Political Studies Review*. (1)1: 34-49.

<https://doi.org/10.1111%2F1478-9299.00004>

Prime Minister's Office 2021. "Queen's Speech 2021: background briefing notes." London, PMO.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/

Public Accounts Committee. 2021. *Covid-19: Test, Track and Trace (Part 1)* London, 10th March, HC932.

<https://committees.parliament.uk/publications/4976/documents/50058/default/>

Public Administration and Constitutional Affairs Committee. 2018. *Devolution and Exiting the EU*. London, House of Commons.

<https://publications.parliament.uk/pa/cm201719/cmselect/cmpubadm/1485/148502.htm>

Reuters. 2020. *Special Report: Into the fog - How Britain lost track of the coronavirus*.

London: Reuters, June 29th.

Rhodes, R. 1997. *Understanding governance: policy networks, governance, reflexivity and accountability*. Milton Keynes, Open University.

Roberts, J. 2020. "The leadership of place and people in the new English combined authorities." *Local Government Studies*. online 1st February, DOI: [10.1080/03003930.2020.1719076](https://doi.org/10.1080/03003930.2020.1719076)

Roderick, P., A. Macfarlane and A. Pollock. 2020. "Getting back on track: control of Covid-19 outbreaks in the community." *British Medical Journal*.m2484. 25th June. <https://doi.org/10.1136/bmj.m2484>

Sandford, M. 2017. "Signing up to devolution: the prevalence of contract over governance in English devolution policy." *Regional & Federal Studies* 27:1, 63-82. DOI:[10.1080/13597566.2016.1254625](https://doi.org/10.1080/13597566.2016.1254625)

SAGE (2020), "Summary of the effectiveness and harms of different non-pharmaceutical interventions." September 21. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925854/S0769_Summary_of_effectiveness_and_harms_of_NPIs.pdf

Scottish Government Covid-19 Advisory Group. 2020. "Terms of Reference." <https://www.gov.scot/publications/scottish-government-Covid-19 -advisory-group-terms-of-reference/>

Shrimpsley, R. 2020. “Scotland may be the price of Boris Johnson’s place in history.”

Financial Times, July 20. <https://www.ft.com/content/6929f1ca-69e7-419e-90b5-ca08a423004c>

Thomas, A. and R. Clyne. 2021. *Responding to shocks: 10 lessons for government*. London: Institute for Government.

https://www.instituteforgovernment.org.uk/sites/default/files/publications/responding_shocks_lessons_covid_brexit.pdf

Thomas, N. 2021. “Drakeford blasts Westminster levelling-up ‘Plan for Wales’”. The National, 27th May. <https://www.thenational.wales/news/19330700.drakeford-blasts-westminster-levelling-up-plan-wales/>

Timmins, N. 2018. “‘*The World’s Biggest Quango*’: the first five years of NHS England.” London: King’s Fund/Institute of Government.

https://www.kingsfund.org.uk/sites/default/files/2018-05/worlds_biggest_quango_ifg_may2017.pdf

Torring, J. and E. Sørensen. 2014. “The European debate on governance networks: Towards a new and viable paradigm?” *Policy and Society* 33:4, 632-640.

<https://doi.org/10.1016/j.polsoc.2014.10.003>

Vize, R. 2020. “How the erosion of our public health system hobbled England’s Covid-19 response.” *British Medical Journal*. May 21. <https://doi.org/10.1136/bmj.m1934>

Wallis, W. (2020), “Leicester offers lessons for local lockdown.” *Financial Times*, October 2.

<https://www.ft.com/content/48fae206-6d85-46f0-9ee8-ecb5163411a7>

Welsh Government (2020), “Test, Trace, Protect.” Cardiff: Welsh Government.

<https://gov.wales/sites/default/files/pdf-versions/2021/1/3/1610565276/test-trace-protect-contact-tracing-coronavirus-covid-19-24-october-2020.pdf>

West, D. 2020. “NHS test and trace top team includes just one public health expert.” *Health*

and Care, September 15. <https://www.hsj.co.uk/commissioning/exclusive-top-leadership-team-at-nhs-test-and-trace-includes-just-one-clinician/7028434.article>